

When perpetrators use children to continue abusing partners

Abuser's motivation to use children to intimidate and control partners

Abusers may use children as weapons to attack, control their partner, punish their partner, or keep her “in her place.” Abusers exploit the partner’s love and desire for protection of her children as a tool of intimidation and control.

The abuser may seek to make the mother feel guilty about her children in some way, blame his violence perpetration on her parenting style, undermine her relationship with the children, such as directly contradicting her directions/boundary-setting. The abuser may tell the mother she is a bad parent, belittle and disrespect the mother in front of the children, threaten to take the children away, threaten to hurt the children if the partner leaves him, harm the child as a way to “get back at” the mother for a perceived transgression and try to manipulate the children into being “co-abusers” of the mother through encouragement to disrespect, ignore, or assault their mothers.¹ Abusers may ask their children to “spy” on the mother or use the child to send threatening messages and abusers may use the children, especially if they are young or ambivalent about their parent’s separation, to gather information about where the mother and children are staying if they have left the house. We have to take into consideration that it is not the fault of the survivor and we have to follow the survivor centered-approach.

Indeed, a survivor may also feel reticent to leave her partner, fearing that the separation may break the bond between her partner and children, but this bonding may be traumatic bonding that is used as a survival technique (also referred to as Stockholm Syndrome).²

Suggested Approaches

Specific coercion and intimidation techniques involving children should be addressed in the survivor’s safety plan.

In all situations of intimate partner violence, and in alignment with inter-agency case management guidelines, the survivor should be supported to develop a safety plan for herself and, if appropriate, her children. The safety plan should be co-created with the survivor and include a risk assessment, a discussion around the survivor’s sense of safety and identification of circumstances in which the survivor is in most danger. The safety plan may include general safety skills, strategies to use during a violent encounter, and

strategies to use should the survivor choose to leave her partner (although a specific conversation around increased levels of risk to the survivor during separation is necessary). The survivor has likely already developed a cadre of personalized strategies to minimize harm and these should be discussed together with the case manager.

It is important for the case manager to understand what strategies feel safe for the survivor with children and what resources the survivor feels she has at her disposal. Some examples of strategies to minimize harm in IPV situations involving children may or may not include:

- job training for the survivor
- facilitating access to basic human needs
- participating in a group activity (women's group or religious group)
- exploring how to engage further with individuals who already provide support to that person
- developing a temporary "escape plan" that can be applied with the children
- being away from the home with the children at times when the abuser is known to become violent (for example, on market days when the perpetrator may increase alcohol use)
- exploring options for the children to stay with other safe adults if the home environment is not safe for them (physically and/or emotionally), etc.

Recognizing that children are not passive agents in intimate partner violence between their caregivers, a safety plan that takes into account specific actions to protect children/minimize harm, may be appropriate (should take into consideration the psychological status of the children before putting a safety plan with them) but should be considered together with the adult woman survivor's safety. We

Actions to include in the safety plan may consider the following:

- 1) Teaching children when and who to call for help
- 2) Instructing children to leave the home as things begin to escalate and determining where to go
- 3) Come up with a code word to say in case of an emergency
- 4) Identify a safe space the children can go to in the home when they're afraid and something to think about when they're scared, instructions to stay out of particular areas of the home
- 5) Teach them that they should never intervene, even though they may wish to protect the mother,
- 6) Help them make a list of people they are comfortable talking and expressing themselves to³
- 7) Explore the mother and children's further engagement with adults whom the children identify as safe and supportive, such as teachers, relatives, mentors, etc.

Following the development and refinement of the survivor safety plans and obtaining informed consent to provide referrals to the survivor, case managers may also present service options for children and adolescent who are witnessing IPV or whom may be survivors of child abuse themselves.

Below are some of the options GBV case workers may present to adult women survivors:

- 1) Children may directly access age-appropriate, health-care or psychosocial support available locally
- 2) GBV case workers may refer the woman survivor and child(ren) to child protection case management workers practicing locally. In this case, the GBV case worker should brief the woman survivor of what to expect through the referral process, including the best interest of the child case assessment.
- 3) Children may access child-friendly safe spaces or other peer-group activities
- 4) Adolescents may access job training/leadership development programs
- 5) Children may access specialized psychosocial interventions, including trauma-informed healing, as available and relevant to the individualized situation

Case-specific provisions for empathetic, survivor-centered care for women survivors with children⁴

- 1) Case workers should not blame female survivors for the resulting effects of IPV on their children
- 2) Case workers should be careful to avoid seeing woman as primarily responsible for children's safety, despite the abuser's own responsibility for harm
- 3) Case workers should recognize the long term effects of IPV on the survivor including how it relates to her mental health, substance use, etc.
- 4) Women who stay with an abusive partner should not be blamed for harm to children
- 5) Case workers should not stigmatize, minimize or negate women's experience of IPV based upon perceived harm of children
- 6) Case workers must understand that other intersecting issues may affect a woman's help-seeking behaviors as well as her safety-related decisions. In addition to being a mother, the woman's experience of IPV may intersect with her ability/disability status, her ethnicity, religious practice, immigration status (refugee, internally-displaced person), etc.
- 7) Case workers should validate and support the efforts women are making to provide safe nurturing homes for their children and should not assume that women survivors of IPV utilize mal-adapted parenting strategies or perpetrate child abuse.

Discussion prompts

- What are some ways abusers utilize children as a means to justify their behavior? Why would they do this?
- What are our responsibilities as case worker toward children when the mother leave the house? What can we do to reduce their vulnerability?
- In what ways might women experiencing IPV be blamed for the effects of this trauma on their children?
- What are some of the implicit service-provider attitudes and biases that might exist towards mothers who are experiencing IPV and how might these affect the quality of care?

Possible resources

- National Center on Domestic Violence, Trauma and Mental Health: [Supporting Children, Parents, and Caregivers Impacted by Domestic Violence](#).
- Bridging Refugee, Youth, and Children's Services: [Family Strengthening Resources](#).



¹ Futures without Violence. Accountability and Connection with Abusive Men: A New Child Protection Response to Increasing Family Safety. Massachusetts Department of Social Services Domestic Violence Unit.

² Bancroft, Silverman and Ritchie. The Batterer as Parent: Addressing the Impact of Domestic Violence on Family Dynamics. 2011. Second Edition. Sage Publications and Herman, Trauma and Recovery. 1992.

³ The National Domestic Violence Hotline. Safety Planning with Children. Accessed at <https://www.thehotline.org/2013/04/12/safety-planning-with-children/> on October 12, 2018.

⁴ Insight 36. Domestic Abuse and Child Protection: women's experience of social work intervention. Accessed at <https://www.iriss.org.uk/resources/insights/domestic-abuse-and-child-protection-womens-experience-social-work-intervention> on October 12, 2018.